

VIA FACSIMILE: (703) 872-9302

PATENT  
PUR01 P-316

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3754  
Examiner : Kenneth Bomberg  
Applicants : Athol F. Meder and Jeffrey L. Bell  
Serial No. : 10/009,213  
Filed : November 8, 2001  
For : WATER DISPENSER

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

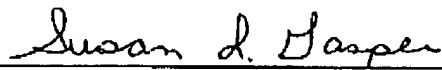
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (13 pages)

YOU SHOULD RECEIVE A TOTAL OF 16 PAGES.

Date: March 16, 2004

  
\_\_\_\_\_  
Susan L. Gasper  
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Grand Rapids, Michigan 49588-8695  
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TAF/slg

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Applicants : Athol E. Meder et al.  
 Serial No. : 10/009,213  
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Group Art Unit : 3754  
 Examiner : Kenneth Bomberg

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 P.O. Box 1450  
 Alexandria, VA 22313-1450  
 Via Facsimile No. (703) 872-9302

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.  
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2		Col. 3	Small Entry	Other Than Small Entry	
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Add'l Fee	Add'l Fee
Total Claims	* 48	Minus	** 49	= 0	x \$9	\$ .00	x \$18	\$ .00
Independent Claims	* 3	Minus	*** 3	= 0	x \$43	\$ .00	x \$86	\$ .00
First Presentation of Multiple Dependent Claims						\$145	\$ .00	x \$290
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$	\$ 0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$\_\_\_\_\_ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.  
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN &amp; BURKHART, LLP

Date: March 16, 2004

By Timothy A. Flory  
 Timothy A. Flory  
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 2851 Charlevoix Drive, S.E., P.O. Box 888695  
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TAF/clr

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Dear Sir:

**RESPONSE**

Responsive to the Office Action mailed December 16, 2003, Applicants wish to amend their application as follows:

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks** begin on page 9 of this paper.